

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 156
Registered No. 26

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Globe No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Ignacio Santos Galarza { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other no 5. Legitimate? yes 6. Date of birth February 1, 1926
Month Feb Day 1 Year 1926

FATHER		MOTHER	
8. Full name <u>Jesus Galarza</u>	14. Full maiden name <u>Maria Cisveros</u>		
9. Residence (Usual place of abode) <u>Globe, Ariz.</u>	15. Residence (Usual place of abode) <u>Globe, Ariz.</u>		
If non-resident, give place and state _____	If non-resident, give place and state _____		
10. Color or race <u>Mexican</u>	16. Color or race <u>Mexican</u>	11. Age at last birthday <u>23</u> (Years)	17. Age at last birthday <u>26</u> (Years)
12. Birthplace (city or place) <u>Mexico</u> (State or country)	18. Birthplace (city or place) <u>Mexico</u> (State or country)		
13. Occupation <u>miner</u> Nature of Industry _____	19. Occupation <u>Housewife</u> Nature of Industry _____		

20. Number of children of this mother one (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living one
(b) Born alive but now dead none
(c) Stillborn none

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1:10 P.M. on the date above stated
(Born alive or stillborn.)

Signature T. S. Harper, M.D.
physician
(Physician or midwife).

Address Globe, Ariz.
Filed 2/28 1926

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report _____
Month, day, year _____

Registrar

Registrar

971-201-432